

**Minneapolis**  
*City of Lakes*

**Office of the City Attorney**

Jay M. Heffern  
City Attorney

333 South 7th Street - Suite 300  
Minneapolis MN 55402-2453

September 15, 2006

Office 612 673-2010  
Civil Division Fax 612 673-3362  
Criminal Division Fax 612 673-2189  
MCDA Fax 612 673-5112  
TTY 612 673-2157

Albert T. Goins Sr., Esq.  
Goins & Wood, P.C.  
301 Fourth Avenue South  
378 Grain Exchange Building  
Minneapolis, MN 55415-1413

Maya C. Sullivan, Esq.  
Law Office of Maya C. Sullivan  
3948 Central Avenue N.E., Suite 103  
Minneapolis, MN 55421

Re: Charles Cook, et al. v. City of Minneapolis, et al.  
Court File No.: 06-0022 (DWF/AJB)

Dear Counsel:

Please find enclosed and hereby served upon you by United States mail the following:

1. Defendants' Interrogatories to Plaintiff;
2. Defendants' Request for Production of Documents; and
3. Defendants' Initial Disclosures.

Very truly yours,

TRACEY L. NELSON  
Assistant City Attorney  
(612) 673-2254

TLN:hbp

Enclosures



**UNITED STATES DISTRICT COURT  
DISTRICT OF MINNESOTA**

**Charles Everett Cook, Sylvia Mae Cook,  
And Timothy Blake Cook, natural persons,**

**Plaintiffs,**

**v.**

**City of Minneapolis, a municipal entity;  
Minneapolis Police Officer Mark Johnson,  
Badge #003459, in his individual, personal and  
official capacity; Sgt. D. Smulski, in his  
individual, personal and official capacity; Officer  
K. Blackwell, in his individual, personal and  
official capacity; Officer Geoffrey Toscano,  
Badge #007257, in his individual, personal and  
official capacity; Officer Bevan Blauert, Badge  
#003459, in his individual, personal and official  
capacity; Officer Jon Petron, Badge #4671, in his  
individual, personal and official capacity; Officer  
Christopher House, Badge #3165, in his  
individual, personal and official capacity; Sgt.  
Robert Kroll, Badge #003874, in his individual,  
personal and official capacity; Officer Christie  
Nelson, Badge #4959, in his individual, personal  
and official capacity; Officer William Willner,  
Badge #7783, in his individual, personal and  
official capacity; Officer Westlund, Badge  
#7674, in his individual, personal and official  
capacity; Officer Roger Smith, Badge #006689, ;  
Officer Jason King, Badge #003704, in his  
individual, personal and official capacity; Officer  
Timothy Hands, Badge #002660, in his  
individual, personal and official capacity; and  
Officers Jane Doe and Richard Roe, unknown  
and unnamed Minneapolis Police Officers, in  
their personal, individual, and official capacities,**

**Defendants.**

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**AFFIDAVIT OF SERVICE**

STATE OF MINNESOTA    )  
                                  )SS  
COUNTY OF HENNEPIN    )

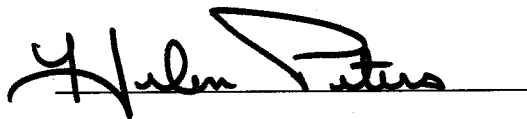
Helen Peters, of the City of Minneapolis, County of Hennepin in the State of Minnesota, being duly sworn, says that on September 15, 2006, she served a copy of the annexed Defendants' Interrogatories to Plaintiff; Defendants' Request for Production of Documents; and Defendants' Initial Disclosures on Albert T. Goins and Maya C. Sullivan, the attorneys for Charles Everett Cook, Sylvia Mae Cook and Timothy Blake Cook, the Plaintiffs in this action, by mailing to the a copy thereof, enclosed in an envelope, postage prepaid, and by depositing same in the post office at Minneapolis, Minnesota directed to:

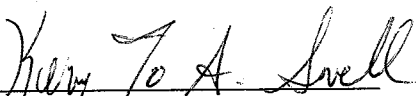
Albert T. Goins Sr., Esq.  
Goins & Wood, P.C.  
301 Fourth Avenue South  
378 Grain Exchange Building  
Minneapolis, MN 55415-1413

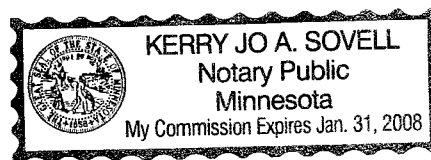
Maya C. Sullivan, Esq.  
Law Office of Maya C. Sullivan  
3948 Central Avenue N.E., Suite 103  
Minneapolis, MN 55421

the last known address of said attorneys.

Subscribed and sworn to  
before me this 19<sup>th</sup> day  
of September, 2006.



  
Notary Public  
My Commission expires: 2008



**STATE OF MINNESOTA**

**DISTRICT COURT**

**COUNTY OF HENNEPIN**

**FOURTH JUDICIAL DISTRICT**

**Charles Everett Cook, Sylvia Mae Cook, and  
Timothy Blake Cook, natural persons,**

**Court File No.: 06L-0022 (DWF-AJB)**

**Plaintiff,**

**v.**

**DEFENDANT'S REQUEST FOR  
RELEASE**

**City of Minneapolis, a municipal entity;  
Minneapolis Police Officer Mark Johnson,  
Badge #003459, in his individual, personal and  
official capacity; Sgt. D. Smulski, in his  
individual, personal and official capacity;  
Officer K. Blackwell, in his individual, personal  
and official capacity; Officer Geoffrey Toscano,  
Badge #007257, in his individual, personal and  
official capacity; Officer Bevan Blauert, Badge  
#003459, in his individual, personal and official  
capacity; Officer Jon Petron, Badge #4671, in  
his individual, personal and official capacity;  
Officer Christopher House, Badge #3165, in his  
individual, personal and official capacity; Sgt.  
Robert Kroll, Badge #003874, in his individual,  
personal and official capacity; Officer Christie  
Nelson, Badge #4959, in his individual, personal  
and official capacity; Officer William Willner,  
Badge #7783, in his individual, personal and  
official capacity; Officer Westlund, Badge  
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capacity; Officer Roger Smith, Badge #006689,  
; Officer Jason King, Badge #003704, in his  
individual, personal and official capacity;  
Officer Timothy Hands, Badge #002660, in his  
individual, personal and official capacity; and  
Officers Jane Doe and Richard Roe, unknown  
and unnamed Minneapolis Police Officers, in  
their personal, individual, and official  
capacities,**

**Defendants.**

---

TO: Plaintiffs above-named and their attorneys, : Charles Everett Cook; Albert T. Goins, Sr., 378 Grain Exchange Building North, 301 4th Avenue South, Minneapolis, Minnesota 55415-1413; and, Maya C. Sullivan, 3948 Central Avenue N. E., Minneapolis, Minnesota 55421

Having commenced an action putting in controversy your physical, mental or blood condition you are hereby required, requested and demanded to furnish the undersigned attorneys the following:

**REQUEST NO. 1:** Provide written authority in the form attached hereto signed and dated by Plaintiff Charles Cook, to permit the inspection of all hospital and other medical reports concerning said Plaintiff's physical, mental or blood condition.

**REQUEST NO. 2:** Provide written authority in the form attached hereto signed and dated by each Plaintiff, directed to the National Criminal Information Center (NCIC), to permit the inspection of all criminal history records and related documentation as indicated on the Authorization to Release NCIC Documents form for each Plaintiff.

**REQUEST NO 3:** Provide written authority in the form attached hereto signed and dated by each Plaintiff, directed to the Hennepin County Sheriff's Department to permit the inspection of all documents it may have pertaining to each Plaintiff.

Dated:

9.15.06

JAY M. HEFFERN

City Attorney

By

A handwritten signature in black ink, appearing to read 'James A. Moore', written over the word 'By'.

JAMES A. MOORE

Assistant City Attorney

Attorney Reg No. 16883X

TRACEY NELSON

Assistant City Attorney

Attorney Reg. No. 0311807

Attorneys for Defendants

333 South 7th Street, Suite 300

Minneapolis, Minnesota 55402-2453

(612) 673-2063

# AUTHORIZATION FOR RELEASE OF PRIVATE HEALTH INFORMATION

**PATIENT:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Birth Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

**INFORMATION  
TO BE  
RELEASED TO:**

Office of the City Attorney – City Of Minneapolis  
 333 7<sup>th</sup> Street, Suite 300, Minneapolis, MN 55402-2453 (612) 673-2010  
 and/or authorized agent of the Office of the City Attorney: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**CUSTODIAN  
OF RECORDS:**

Hospital/Doctor \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**INFORMATION TO BE RELEASED:**

<input checked="" type="checkbox"/> Discharge Summary	<input checked="" type="checkbox"/> Treatment for alcohol and/or	<input checked="" type="checkbox"/> Counselor's Discharge Summary
<input checked="" type="checkbox"/> Nurses' Report	drug abuse, sickle cell anemia	<input checked="" type="checkbox"/> Physical Therapy Records
<input checked="" type="checkbox"/> Consultation Reports	and/or mental problems	<input checked="" type="checkbox"/> X-Ray Reports/Films
<input checked="" type="checkbox"/> Itemized Billing	<input checked="" type="checkbox"/> History & Physical Exam	<input checked="" type="checkbox"/> Correspondence
<input checked="" type="checkbox"/> Statement	<input checked="" type="checkbox"/> Laboratory Reports	<input checked="" type="checkbox"/> Pharmacy Records
<input checked="" type="checkbox"/> Scan/CT Reports	<input checked="" type="checkbox"/> MMPI	<input checked="" type="checkbox"/> EMG
<input checked="" type="checkbox"/> Doctor's Reports	<input checked="" type="checkbox"/> Operative Reports	<input checked="" type="checkbox"/> Narrative Reports
<input checked="" type="checkbox"/> Pathology Reports	<input checked="" type="checkbox"/> EKG	<input checked="" type="checkbox"/> Records from any other treatment provider in the file

**PURPOSE:** This information is needed for the following Purpose: (Case/claim)

- This authorization will automatically expire upon the final adjudication of or settlement of the lawsuit or claim for which the information is sought.
- This authorization may be revoked by written request of the patient at any time to the address listed for the Office of the City Attorney. A revocation will not apply to information that has already been released in response to this authorization.
- Once information is released pursuant to this authorization, the information may be subject to re-disclosure by the recipient and may no longer be protected by the federal privacy rule, 45 CFR Parts 160 and 164.
- With the exception of psychotherapy notes, all records pertaining to psychiatric/mental health, chemical dependency and /or AIDS/HIV related illness/testing will be released unless otherwise indicated by a checkmark here: \_\_\_\_\_. Please indicate any restrictions: (Specify) \_\_\_\_\_
- This authorization must be filled out completely and signed and dated in order to be considered valid.
- A copy of this authorization will be considered as valid as the original authorization.
- Treatment, payment for services, enrollment and eligibility for benefits are not contingent upon the signing of this authorization form.

**PATIENT'S/  
AUTHORIZED  
PERSON'S  
SIGNATURE:**

Signature of Patient/Authorized Person \_\_\_\_\_

Authorized Person's authority to sign \_\_\_\_\_

Date \_\_\_\_\_

Reason Patient is unable to sign: Minor \_\_\_\_\_

Deceased \_\_\_\_\_

Other: \_\_\_\_\_

I, Sylvia M. Cook, D.O.B. \_\_\_\_\_, hereby authorize the National Crime Information Center (NCIC) to release any and all information that it may have pertaining to him to the Minneapolis City Attorney's Office, or any of its representatives or employees.

This information is needed for the purposes of civil litigation. A photocopy of this document is as valid as the original bearing my signature.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature



**AUTHORIZATION TO RELEASE DOCUMENTS**

I, Sylvia M. Cook, hereby authorize the Hennepin County Sheriff's Department to release any and all documents that it may have pertaining to me to the Minneapolis City Attorney's Office, or any of its representatives or employees.

This authorization specifically includes, but is not limited to, booking photographs, jail records, medical records, internal affairs documents and jail behavior records.

This information is needed for the purposes of civil litigation. A photocopy of this document is as valid as the original bearing my signature.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature

# AUTHORIZATION FOR RELEASE OF PRIVATE HEALTH INFORMATION

**PATIENT:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Birth Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

**INFORMATION  
TO BE  
RELEASED TO:**

Office of the City Attorney – City Of Minneapolis  
 333 7<sup>th</sup> Street, Suite 300, Minneapolis, MN 55402-2453 (612) 673-2010  
 and/or authorized agent of the Office of the City Attorney: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**CUSTODIAN  
OF RECORDS:**

Hospital/Doctor \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**INFORMATION TO BE RELEASED:**

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**PATIENT'S/  
AUTHORIZED  
PERSON'S  
SIGNATURE:**

Signature of Patient/Authorized Person \_\_\_\_\_

Authorized Person's authority to sign \_\_\_\_\_

Date \_\_\_\_\_

Reason Patient is unable to sign: Minor \_\_\_\_\_

Deceased \_\_\_\_\_

Other: \_\_\_\_\_